Care Quality Commission

Guy Peters

Chesapeake House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by the Care Quality Commission, which looks at the overall quality of the service.

Accommodation and personal care is provided at Chesapeake House for up to 11 adults with physical and/or learning disabilities. Personal care is also provided for up to four people who lived in their own flats that are located in the grounds of the main home.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

This inspection was unannounced on 22 July 2014. There were nine people living in the home with learning disabilities who received personal care. There were four people with learning disabilities who received personal care in their own flats that were all located in the same grounds. Two of the people living in flats were away on holiday and another person was also out doing voluntary work.

People felt safe and were protected from avoidable harm or abuse and their rights were mostly promoted and upheld. However, although staff, were aware of the Mental Capacity Act 2005 [MCA]; they did not always understand or follow this to ensure that peoples consent was obtained to their care; and to demonstrate that appropriate action was taken, when staff considered that a restriction to a person's freedom may be needed to keep them safe. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves.

The manager undertook regular checks of the quality and safety of people's care. However, these did not always protect people who used the service and others against the risks of unsafe care. This was because risks associated with unsafe or unsuitable premises were not always checked or properly managed in people's best interests.

Where we have identified breaches of the legal requirements and regulations associated with the Health and Social Care Act 2008, relating to people's rights and the quality and safety of people's care, you can see what action we told the provider to take at the back of the full version of the report.

People were generally happy with and positive about their care, the management of the home and the way staff treated them. Staff, were recruited through robust procedures and were sufficient to meet people's needs. Staff, were caring and spent time with people and respected their rights to dignity, privacy and independence and to be involved in decision and make choices about their care. People's views about their care and their relatives views, were often sought. Complaints and concerns were monitored and taken seriously and people knew who to speak with if they were unhappy or wanted to raise any concerns about their care.

People received care from skilled staff who, understood and acted to ensure their personal, safety, health and communication needs and their care and daily living preferences; as well as their wishes and hopes for the future. People's needs, preferences and instructions and advice from relevant health and social care professionals, were included in their written care plans, which staff followed. People's care plans were kept under review. They were revised with people and their representatives when required.

People enjoyed most of their meals and were supported to maintain any special dietary needs when needed. People were actively involved in and agreed food menu planning, shopping and healthy eating menus.

People were supported to participate in a wide range of interests and hobbies of their choice and to access the local and wider community for their social, leisure and educational interests. They were supported to maintain their contacts with families and friends and to establish and maintain new friendships and personal relationships.

Staff, were happy, supported and motivated in their jobs. Staff understood their roles and responsibilities and the service aims and values for people's care and rights. They were confident to report any concerns they may have about people's care or safety and knew how to do this in people's best interests. Management strategies meant that ways to improve people's care were being sought. Improvements being made included, supporting people who chose, to regain access to advocacy services and to access and use computers in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People felt safe and their care arrangements meant that risks to their safety were identified and minimised in their best interests.

People's were protected from abuse and their rights were mostly promoted and upheld. However, staff did not always understand or follow the Mental Capacity Act 2005 (MCA) to ensure that peoples consent was obtained to their care; or to demonstrate that appropriate action was taken, when staff considered that a restriction to a person's freedom may be needed to keep them safe.

Sufficient and suitable care staff were provided to meet people's needs and there was a robust staff recruitment system.

Is the service effective?

Good

The service was effective.

People were informed and involved in their health care and staff understood their health needs, which were kept under review. Relevant health professionals were consulted where required and their advice was followed.

People's needs were met by skilled staff who received the training and support they needed to provide good care. Staff understood their roles and responsibilities for people's care and ensured that their personal and health needs were met.

People were protected from the risks of poor nutrition. They were satisfied with the quality and choice of meals and people, which were planned in consultation with them.

Is the service caring?

Good

The service was caring.

People were happy living at the home and were positive about their care and the way staff treated them. People were protected against inappropriate treatment or potentially unlawful discrimination.

People were consulted and involved in making decisions about their care and daily living arrangements by staff who supported them in their best interests. Improvements were being made to support people who chose, to access and use advocacy services and computers in the home.

Staff were caring, spent time with people and understood and respected their rights, needs, wishes and goals for the future. People's families and friends were appropriately involved in their care.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People were asked for their views about their care and staff acted to ensure that people received care and support in a timely way, that met with their needs, daily living choices and lifestyle preferences.

People's care plans were regularly reviewed with them and updated when there were any changes to their needs, choices or preferences.

Staff knew and understood people's communication needs and people were enabled to voice their experiences of their care and to raise any concerns they had. Concerns and complaints were monitored, taken seriously and acted on in people's best interests.

Is the service well-led?

Requires Improvement

The service was not always well led.

The manager's checks of the quality and safety of people's care meant that improvements for peoples care were often identified, planned and made. However, they did not always protect people from the risks associated with unsafe premises.

People were positive about the management of the home. People's views about their care and the running of the home were regularly sought.

Staff were happy, supported and motivated in their jobs. They understood their roles and responsibilities and the service aims and values concerned with people's care. Staff knew how to report incidents or concerns about people's care and when these occurred they were properly dealt with.

Chesapeake House

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

This inspection was undertaken on 22 July 2014 by an inspector and an Expert by Experience of caring for people living with a disability. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information that we held about this service. This included notifications from the provider and the provider information return (PIR). The PIR is information we have asked the provider to send us to show how they provide a safe, effective, caring, responsive and well led service. Notifications tell us about key incidents that happen in the home, which the provider is required by law to tell us about.

We spoke with eight people receiving care and two relatives and four care staff, including the registered manager. We observed how staff approached and interacted with people receiving care and we looked at four people's care records or support plans. We also reviewed information given to us by the provider about their service and spoke with the local authority responsible for contracting and monitoring some people's care at Chesapeake House.

Requires Improvement

Is the service safe?

Our findings

At our visit, all of the people we spoke with said they were happy living at the home. They told us they felt safe there and knew to speak with, if they had any concerns or worries about their care. One person said, "I am very safe here." Another said, "I am safe and well looked after."

People said that staff usually discussed and agreed their care with them and staff we spoke with were aware of the Mental Capacity Act 2005 [MCA]. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Most people's care plan records that we looked at showed their consent to their care and how they were supported to make decisions in their best interests, where required. For example, decisions about their personal relationships and medical and health matters. Two people told us their family members looked after their finances on their behalf and their care plan records showed they were legally authorised to do so. Another person said that the registered manager helped them to manage their own money and records showed this was properly accounted for. This meant that staff had followed some of the requirements of the MCA and put them into practice to keep people safe

However, we found that staff were restricting one person's use of their mobile telephone, which the person said they were very unhappy about and did not agree with. We spoke with the manager and a senior staff member and found they did not fully understand and were not following the MCA. There was also no recorded mental capacity assessment to show whether the person was capable of making a decision about this, or whether a decision needed to be made in their best interests to keep them safe. This is a breach of Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010.

Staff responsible for assessing people's capacity to consent to their care told us they had received training in the MCA and Deprivation of Liberty Safeguards 2009 [DoLS]. This is a law that requires assessment and authorisation by an appropriate authority, if a person lacks mental capacity and needs to have their freedom restricted in any way, to keep them safe. There were no people subject to any formal authorisations for this at our visit.

People were protected from avoidable harm or abuse. There were procedures for staff to follow and information and guidance for people living in the home, in the event of them witnessing or suspecting the abuse of any person living at the home, which they understood. For example, One person said, "We told [the manager] about a new person [staff], who shouted, so they don't work here now." The manager and a senior staff member also confirmed that the correct procedures were followed to address this and to ensure people's safety in the home.

Staff had supported some people who chose, to register with a local police authority community safety scheme for vulnerable adults. This provided them with a 24 hour telephone contact card, to use if they felt unsafe or vulnerable. This meant people were supported to exercise personal choice for their own safety.

People told us about how they were supported by staff to make choices and to have control over their care and daily living arrangements in a way that maintained their safety. For example, one person told us about potential risks to their health from their medical condition, and how staff supported them to minimise these. This included support and guidance with their diet and nutrition and checking and recording their own blood sugar levels. Their recorded needs assessment and written care plans showed the potential risks to their safety from their condition and how these were being managed, monitored and reviewed. Staff we spoke with understood these.

All of the people receiving care said there were always enough staff to support them in the way they preferred. This included timely support for two people receiving personal care who were living in their own flats. One person living in the home said, "There's always staff around to help me and if I need them." Another person receiving personal care in their own flat said, "Staff regularly pop in and help me with meals and remind me to make appointments; like with my doctor.

Staff described flexible rota planning, which they said helped to ensure that people's needs would be met. For example, to support people to eat their meals and to access the local community when and where they chose. This included using public or the home's dedicated transport, with staff support as required. For example, one person was supported by two staff at all times when they went out because of their assessed health and safety needs.

Good

Is the service effective?

Our findings

People were supported by staff to maintain good health and to access healthcare services when required. This included routine health screening. People's health needs and preferences were also known, met and kept under review.

One person told us how they were being supported to manage and monitor their medical condition. They said, "I like to do this, staff and the nurse I see, help me so I know what to do to keep well." They told us they were learning to administer their own medication, with staff supervision. The person's relative said, "Staff are helping him to keep well, with advice and support from the specialist nurse."

We looked at the three people's care records, who lived in the main home. These showed they had a range of health conditions and disabilities, which could present risks to their welfare and safety. We saw that people's health needs were identified in their written care plans, entitled 'personal health plans.' They included appropriate information and guidance for staff about people's individual health and medical conditions. People's health plans reflected their assessed needs and personal choices and preferences for their care and were regularly reviewed with them.

All of the people we spoke with said they were supported to access outside health and social care professionals when they needed to and three people gave us examples of when they had done so. This included visiting their own GP, if they felt unwell and attending appointments for health screening and advice. For example, eye screening.

People were supported to receive a balanced healthy diet that met their needs and choices. One person told us, "I feel better here; I eat nice food." Staff described the person's nutritional needs, and the care and support they provided to meet their assessed needs. The person's recorded health care plan reflected what staff told us and showed their healthy weight gain and nutritional health improvement since their admission.

One person living in the main home, told us that they and others living there had 'signed up' to a healthy eating programme. Three people's care plans we looked at reflected this and we saw that educational information about healthy eating was provided. One person showed us their educational certificate of skills training in 'Development skills for a healthy lifestyle.'

Menus were planned with people on either a weekly or daily basis dependant on their needs and choices. Most people we spoke with said they enjoyed the meals provided and records of these showed that people received a varied diet, which met with their known health needs and preferences. Staff knew people's general preferences and their likes and dislikes and the special dietary requirements that two people required because of their medical conditions

People received effective care from staff who said they received the training and support they needed to perform their role. One person told us how staff helped them to manage their behaviour to be calmer when they felt anxious or worried. This was because they sometimes behaved in a way that challenged others. The person's recorded needs assessment and written care plan showed the care intervention, which staff needed to follow to keep them and others safe when this happened. Staff we spoke with understood these. The person said, "They help me feel better."

People living in the flats on site received episodes of personal care from care staff who were separately deployed to provide this, but who also worked in the main home. We spoke with one person who told us they received the personal care and support they needed from staff. They explained that staff helped them with meals, shopping and budgeting. The person was provided with and had signed their agreement to a daily support plan.

Staff told us they received the training, supervision and support they needed. One staff member described how they were introduced to their role when they started work at the home. This included their formal orientation to the home, introduction to the people receiving care and their training and instruction for this. Staff were provided with specialist training and regular training updates when required. For example, staff had undertaken training in diabetes, specific to the care needs of one person living in the home.

Good

Is the service caring?

Our findings

People said they had good relationships with most staff, who they felt were caring and treated them with respect. People said they were very happy with their care and liked living in the home. One person said, "I really love living here; All the staff are very nice to me, they're great." Two people living more independently in the flats said that staff were caring and helpful. One person said, "I love it here, I am well cared for."

During the course of our visit we saw staff that staff spent time with people and interacted with them in a respectful and caring manner. For example, they asked people how they were and how their day had gone, when they returned from spending time out in the local community for their hobbies and interests.

Records showed that a considerable amount of written compliments were received from people and their relatives about the care provided. We looked some of the recent ones, which all showed that people felt the service was very caring. For example, one person's relative wrote, "Has completely come out of her shell and is a totally different and happy person from the one who came to you a year ago – thanks to all of you for your love and care."

People said that their privacy and independence was respected by staff. They also told us that they were supported to maintain their contact with families and friends, which was reflected in people's care records that we looked at. This included support with personal relationships and sexual health matters.

Three people said they often invited their friends round for coffee or spent time with them engaging in their hobbies and interests, both in and outside the home and as they chose. One person told us they liked to read and made regular independent visit to the local library. They also said they were supported to practice their religion, which was important to them. They visited church regularly and engaged in a bible group there. Two people's relatives said that staff were always welcoming when they visited.

People were supported to express their views and were actively involved in making decisions about their care.

People said they were included in their care reviews and individual and group meetings held with them about their care. Records we looked at reflected this, for example, care plan records and meeting minutes. One person told us about the recent loss of an independent advocacy service, which had provided on-going support to people in the home for a significant time, which had included individual and regular group meetings with them. The manager said that the service was, unfortunately no longer available, due to funding constraints and advised that alternative provision was being sought for people to access as they chose.

A small group of people told us they had planned to go to their local allotment with staff and take a picnic there, which they were looking forward to. However, as the weather was excessively hot, staff expressed their concerns to people about their potential comfort there and reminded them about the openness of the allotment, which provided no shade. Staff recognised that people were disappointed and made alternative suggestions in a caring and supportive manner and encouraged people to decide on their preferred course of action. We saw that people's initial disappointment at the idea of not going to allotment, was soon replaced by their enthusiasm as they debated what they might do. They collectively choose to visit a local castle instead, with a shaded walk near the river to take their picnic by.

Staff understood people's needs, preferred daily living routines and lifestyle choices and also their hopes and wishes for the future. For example, one person told us they would like to live more independently in the future and described how staff were helping them with their independent living skills to help them to achieve this. Staff understood the principles of confidentiality for people's care, which were set out in each person's care plan, and also the service care aims and values. Information about this was displayed on the 'residents' notice board and people were supported to help them understand this. For example, we were shown certificates of learning that two people had achieved certificates in equality and diversity. One person told us, "We talk about what we feel; we look after each other; we help each other."

Good

Is the service responsive?

Our findings

People told us they enjoyed their lives and were able to engage in a wide range of social, leisure, occupational and educational activities of their choice. They also told us they knew who to speak with if they were unhappy and that staff listened and acted on what they said. One person receiving personal care in their own flat said, "I love it here; I have my own freedom and can go to the main house [Chesapeake Care Home] whenever I want; I visit my friends there."

People were supported to engaged in a wide range hobbies and interests of their choice. There was a very sociable, relaxed and engaging atmosphere in the home during our visit. A few people were away on holiday and on our arrival, a few were relaxing in the lounge. However, most were busy and went out into the local community at some point during the day. For example, one person went out to the library, another went a local day centre and another person went out to their work as a volunteer, which they all said they really enjoyed. People also told us about exercise and sport, which they regularly engaged in.

One person told us they were a keen photographer and we found that staff had helped them to purchase a new digital camera, which was much easier for them to use. They had also achieved a certificate of skills in digital photography. Another person had decided they would like to ride a bicycle. Staff had helped them to obtain one and were in the process of carrying out a risk assessment with the person, to determine their capacity to learn to ride safely.

Three people told us about their chosen arrangements for their personal development and educational and skills training. Their certificates of achievement were shown, which demonstrated the topics covered were wide ranging and supported their personal skills development. Two people liked to used computers and had done basic computer skills courses to help them. Both said they would like to have access to a computer in the home. The manager told us they were looking at the best way to accommodate their wishes.

Staff told us that people living in the flats usually went out independently. By invitation, we visited one person in their flat, who told us they did their own shopping, but that staff helped them with budgeting and preparing and cooking their meals. On our arrival, because of the hot weather, they asked the staff member with us, to remove some food waste they had finished clearing from their kitchen refrigerator, while they spent time with us, which the staff member promptly acted on.

Staff knew and understood people's communication needs. One person showed us that their care plan was provided in an easy read format, which included picture symbols to help them understand it. They showed us a survey questionnaire, asking them for their views about the home, which they were in the process of completing. This was also provided in the same type of easy read format. Towards the end of our visit we met one person who was not able to speak. Staff introduced us to them and showed they were able to fully understood the person's hand and facial gestures, which they always used to communicate with others.

People said they were asked for their agreement to their care, which was discussed with them via individual care reviews and other one to one and group meetings. Records we looked at reflected this and we saw that people's care plans showed their individual needs, choices and preferences. Care plans were regularly reviewed with people, and their relatives were involved in a way that met with people's wishes. Care plans were also updated when required, for example, because of changes to people's needs, choices or preferences.

We looked at eight survey returns from people or their relatives in July 2014, which asked them for their views about the care provided at Chesapeake House. They showed that people and their relatives knew how to complain. Information about how to complain was displayed in standard print and easy read picture symbol formats. There was also a suggestions box in the home, which people could post their comments and suggestions into, anonymously if they wished. There had been no complaints made about the service during the preceding 12 months.

Requires Improvement

Is the service well-led?

Our findings

People who lived in the home spoke positively of the manager and senior staff. One person said, "They are there for us, they always help me." People knew all of the staff and understood their roles for their care and support. The manager led and supported a team of care staff, headed by senior care staff.

The manager told us they carried out regular checks of the quality and safety of people's care. These included complaints, medicines, care plans, staff training and a kitchen safety check. However, we found that the provider's checks of the quality and safety of people's care did not always fully protect people from unsafe care. We observed a lack of safety measures relating to on site building works and the storage of cleaning products with no recorded risk assessments or control measures being followed for these. For example, building works did not prevent unsafe access and trailing wires, building debris and a sharp bladed power saw and a open bladed cutting knife were left unattended for long periods in areas accessed by people. Cleaning products potentially hazardous to people's safety were not being safety stored in the laundry room, which was often unattended by staff.

We also saw that fire doors were propped open by the use of either door wedges or, in one instance, a free standing fire extinguisher. We saw a written report of May 2013 to the provider, from Derbyshire Fire and Rescue, which told the registered persons that the practice of propping open fire doors in the home should cease for fire safety reasons. This meant that risks associated with unsafe or unsuitable premises were not always checked or properly managed in people's best interests. This is a breach of Regulation 10 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010.

Staff understood their role and responsibilities for people's care. For example, how to report accidents, incidents and any safeguarding concerns. Records of two incidents, showed that staff followed the provider's written procedures in people's best interests. All of the staff we spoke with, told us they really enjoyed working at the home. They understood the principles of equality, diversity and human rights and the importance of promoting these in their daily care practice.

Staff told us that the manager was open and approachable and regularly asked them for their views about the care provided. This included via staff group and one to one meetings and also care handovers, which took place at the beginning of each shift.

People's views about their care and the running of the home, were regularly sought. This was via one to one meetings, such as individual care reviews, group meetings and customer surveys. People also told us that the registered provider often visited the home and spoke with them about their care and daily living arrangements.

The registered manager was in the process of reviewing completed survey returns from people using the service and their families, which asked them for their views about their care. We looked at eight of the completed returns, which showed that people were happy with their care, support and their daily living arrangements. People were also satisfied with the staffing arrangements and their meals and the arrangements for their health monitoring and medicines.

The registered manager and senior staff told us about some of the service improvements, which had been made for people's care. These included, promoting healthy eating and introducing pictorial menu cards to help some people to choose their meals and developing personalised meaningful hobbies and interests with people. Planned improvements included further training for staff to enable them to continue to meet people's changing needs and the introduction of picture food menus. The manager told us about their 'New Beginnings' project, which was a review of the service ethos for people's care and daily living arrangements. For example, determining further support or reasonable adjustments that may be needed for people's independence and ensuring that people felt were respected and valued.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered persons did not always ensure that people's consent was obtained for their care, or where required, act to ensure that any restrictions to their freedom were being made in their best interests. Regulation 18.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People who used the service and others were not protected against the risks of inappropriate or unsafe care; as risks to people's health, safety and welfare, associated with unsafe premises, were not always effectively identified, assessed or managed. Regulation 10(1)(b)